

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000000276

1. Entity Name
**RADIO BROADCASTERS ALLIANCE OF TAMPA BAY,
INC.**



Principal Place of Business
**400 N ASHLEY DRIVE
SUITE 2300
TAMPA, FL 33602**

Mailing Address
**400 N ASHLEY DRIVE
SUITE 2300
TAMPA, FL 33602**



04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3545317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRANNOCK, STEVEN L
HOLLAND & KNIGHT LLP
400 N ASHLEY STREET
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VILA, MARC L
STREET ADDRESS 5203 ARMENIA AVENUE
CITY-ST-ZIP TAMPA, FL 33603

TITLE SD
NAME TURNER, CHRIS
STREET ADDRESS C/O WTBN 504 N. REO STREET
CITY-ST-ZIP TAMPA, FL 33609

TITLE VD
NAME MOHAMMAD, LOUIS
STREET ADDRESS 5301 WASHINGTON BLVD
CITY-ST-ZIP TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000748836
05/17/07-80082-019 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Chris Turner
Chris Turner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2007
Date

813-661-9290
Daytime Phone #